

Navigation

Marquette, MI

June 4th 1:00 – 3:30

Agenda

- ICD-10
- CHAMPS Profiles
- Navigation
- Resources
- CHAMPS Trivia
- Questions???



ICD-10 Implementation Get Ready!



ICD-10 Implementation Overview

- Definition of ICD-10
- Regulatory Requirements
- Benefits of ICD-10 Implementation
- Provider Impact

What is ICD-10?

- 10th revision of standard medical code sets used for:
 - ✓ Diagnosis codes used by all providers in health care settings (ICD-10-CM)
 - ✓ Procedure codes used for hospital claims and inpatient hospital procedures (ICD-10-PCS)
- Classification of medical code sets
- Does not affect use of CPT or HCPCS
- Required by HIPAA

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Regulatory Requirements **(PENDING CMS Ruling)**

- HHS published final regulations (45CFR 162.1002) on January 16, 2009
- **MDCH recognizes the compliance date of *October 1, 2014*, thus all MDCH planning efforts will adjust according to this new timeline.**
- **All** HIPAA covered entities must use ICD-10
- Services rendered on and after **October 1, 2014** must use ICD-10-CM and ICD-10-PCS
- ICD-9 codes, based on date of service, will continue to be sent and received for some time

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Take Home Message!

There is no transition period.

You must be ready!

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Why ICD-10?

- ICD-9 codes don't provide the needed detail
- ICD-9 has obsolete groupings of disease families
- Provides additional detail for better analysis
- Modernized terminology for:
 - ✓ New conditions
 - ✓ New treatments
 - ✓ New technology
- Better information for public health, quality measures and bio-surveillance

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What Changes with ICD-10?

- More extensive than a yearly code update
- Requires changes to most clinical and administrative systems and processes
- Could result in changes to reimbursement and coverage

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Let's Look at an Example

ICD-9 Code- E917.0 - Striking against or struck accidentally in sports without subsequent fall

ICD-10-CM- Sports injuries now include sport and reason for injury

So what does this mean?

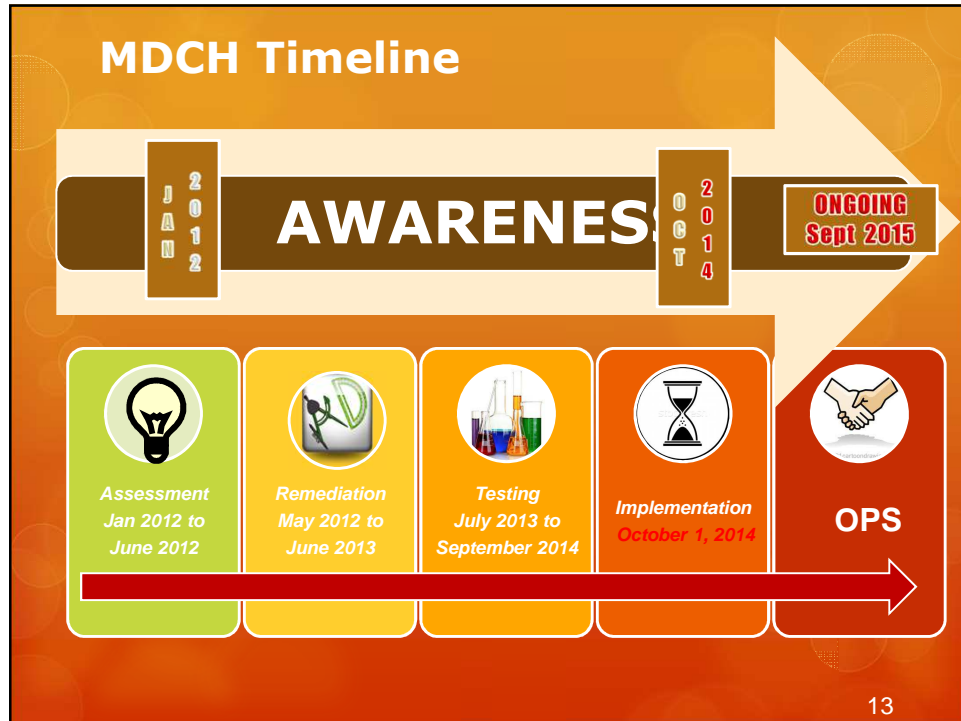
10

Now 28 possible ICD-10-CM W21 codes for E917.0

W21.00	Struck by hit or thrown ball, unspecified type	W21.4	Striking against diving board
W21.01	Struck by football	W21.11	Struck by baseball bat
W21.02	Struck by soccer ball	W21.12	Struck by tennis racquet
W21.03	Struck by baseball	W21.13	Struck by golf club
W21.04	Struck by golf ball	W21.19	Struck by other bat, racquet or club
W21.05	Struck by basketball	W21.210	Struck by ice hockey stick
W21.06	Struck by volleyball	W21.211	Struck by field hockey stick
W21.07	Struck by softball	W21.220	Struck by ice hockey puck
W21.09	Struck by other hit or thrown ball	W21.221	Struck by field hockey puck
W21.31	Struck by /stepped on by shoe cleats	W21.81	Striking against or struck by football helmet
W21.32	Struck by /skated over by skate blades	W21.89	Striking against or struck by other sports equipment
W21.89	Struck by other sports foot ware	W21.9	Striking against or struck by unspecified sports equipment

Provider Impacts

- More detailed medical documentation will be required to support the new code set
- Codes will be more specific
- Payments may be impacted by the code selected
- Provider staff must be familiar with the new coding and how it impacts your business
- CPT and HCPCS Codes will not be affected



Take Home Message!

*Preparation is the key
Successful Implementation!*

Deadline October 1, 2014.

Begin preparation now!

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ICD-10 Resources

- www.michigan.gov/5010icd10
 - ✓ MDCH specific information including FAQs & other links
 - ✓ GEMS Viewer
 - ✓ Email: MDCH-ICD-10@michigan.gov
 - ✓ Telephone: 1-800-292-2550
- www.CMS.gov/ICD10
- www.WEDI.org
- www.AHIMA.org/icd10
- www.BCBSM.com/icd10

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CHAMPS Profiles

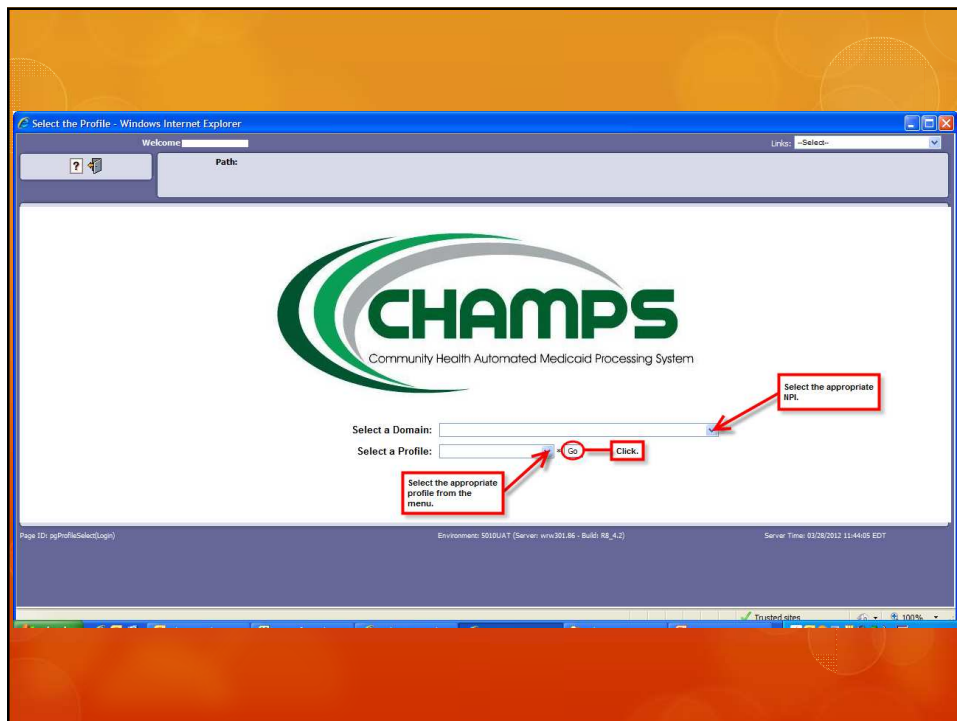
CHAMPS Profiles

- Domain Administrator
 - Assign or remove domain and profile access
- CHAMPS Full Access
 - Provider Enrollment (PE), Prior Authorization (PA), Eligibility, and Claims
- CHAMPS Limited Access
 - View only PE, Full for PA, Eligibility, and Claims
- PA
 - Access to PA only

CHAMPS Profiles

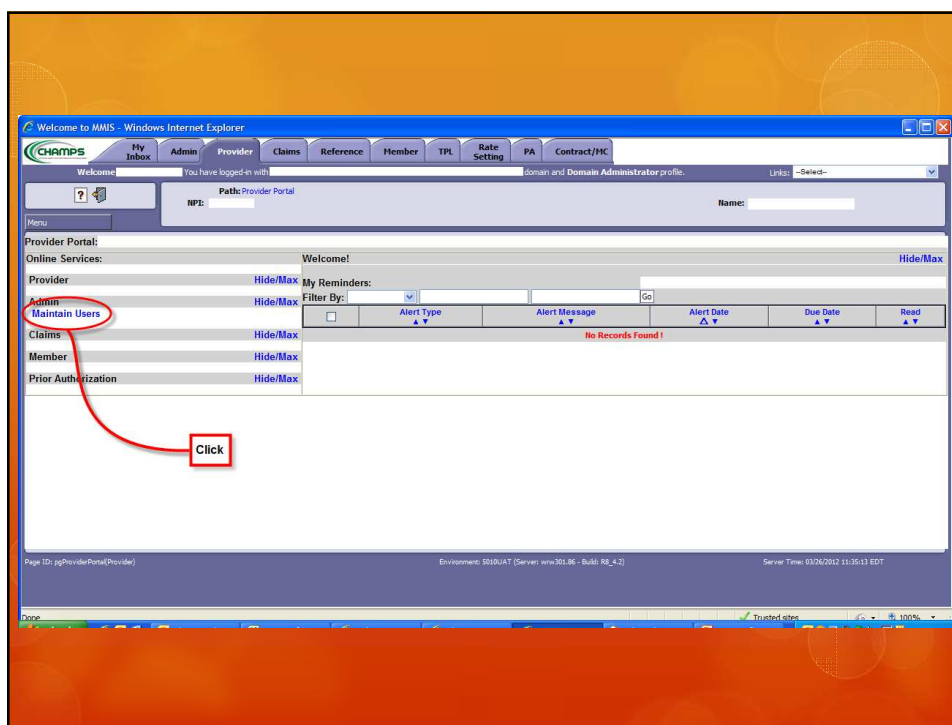
- Eligibility Inquiry
 - Access to Eligibility only
- PE Access
 - Full access to PE
- View PE
 - View only access to PE
- Claims Access
 - Full access to Claims

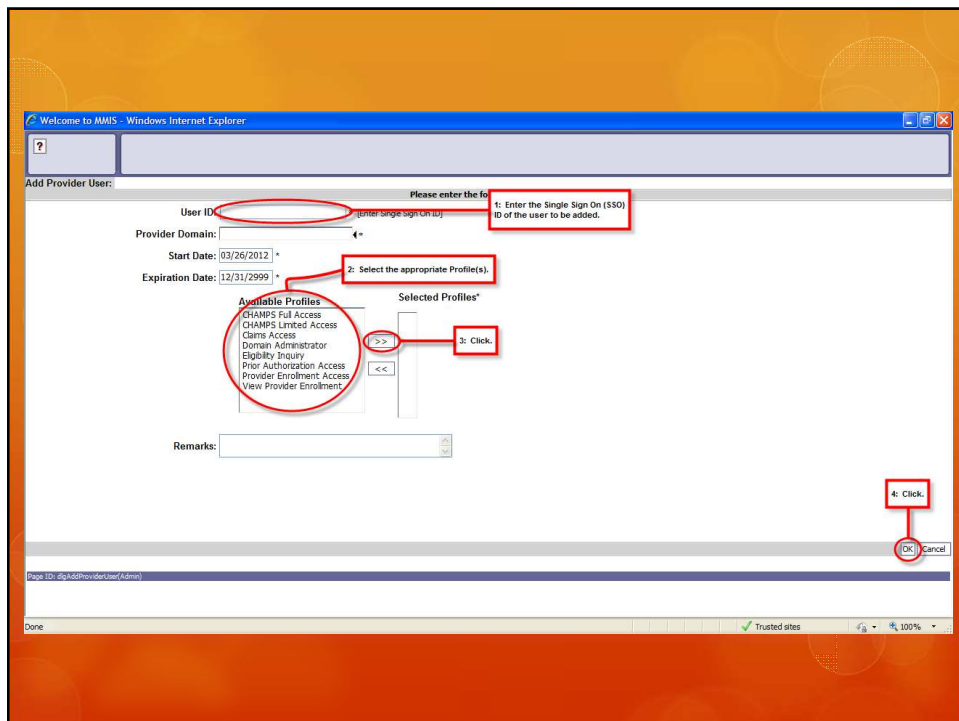
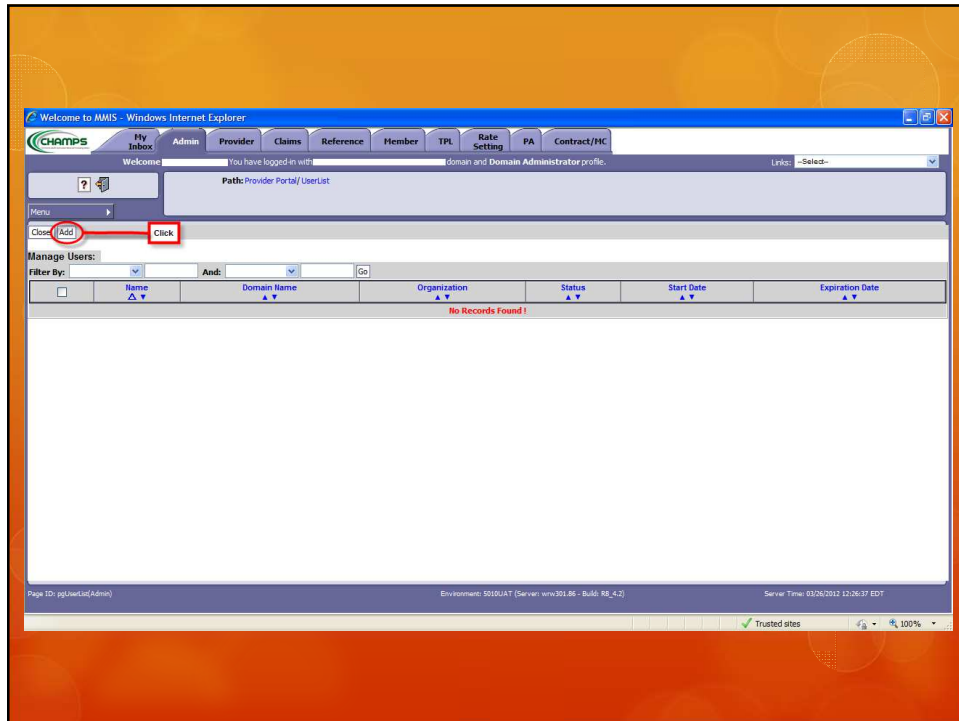
CHAMPS Navigation



Domain Administrator

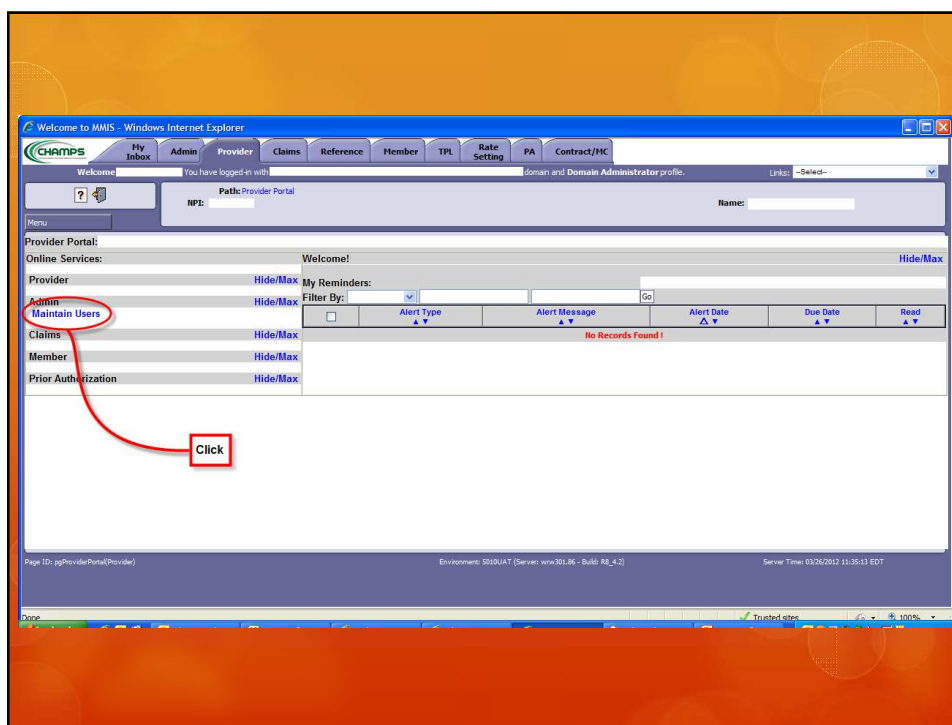
Adding Users

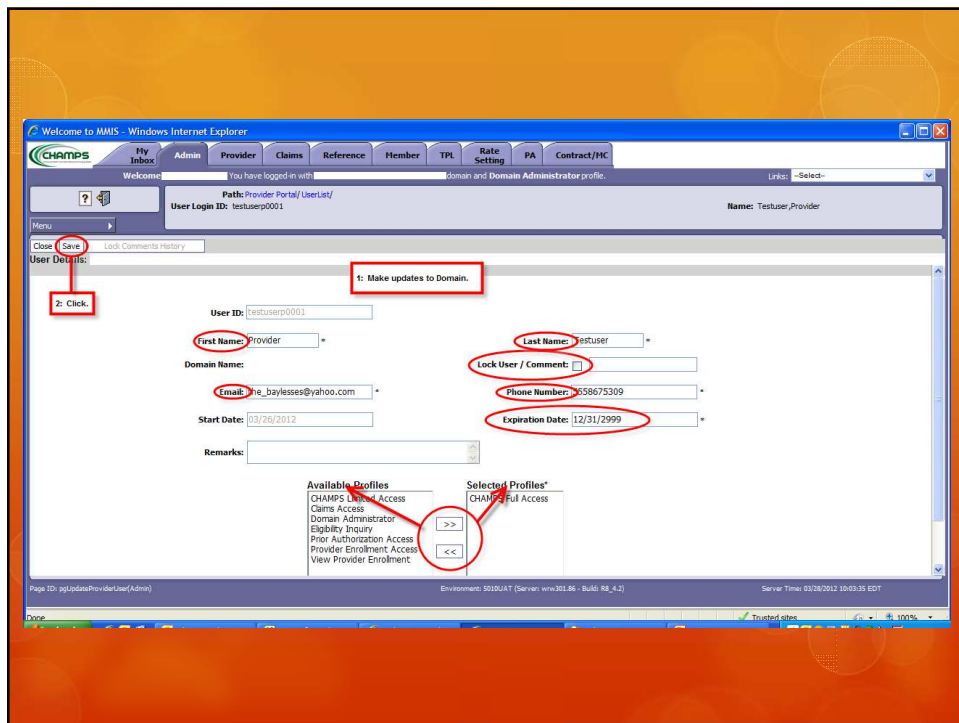
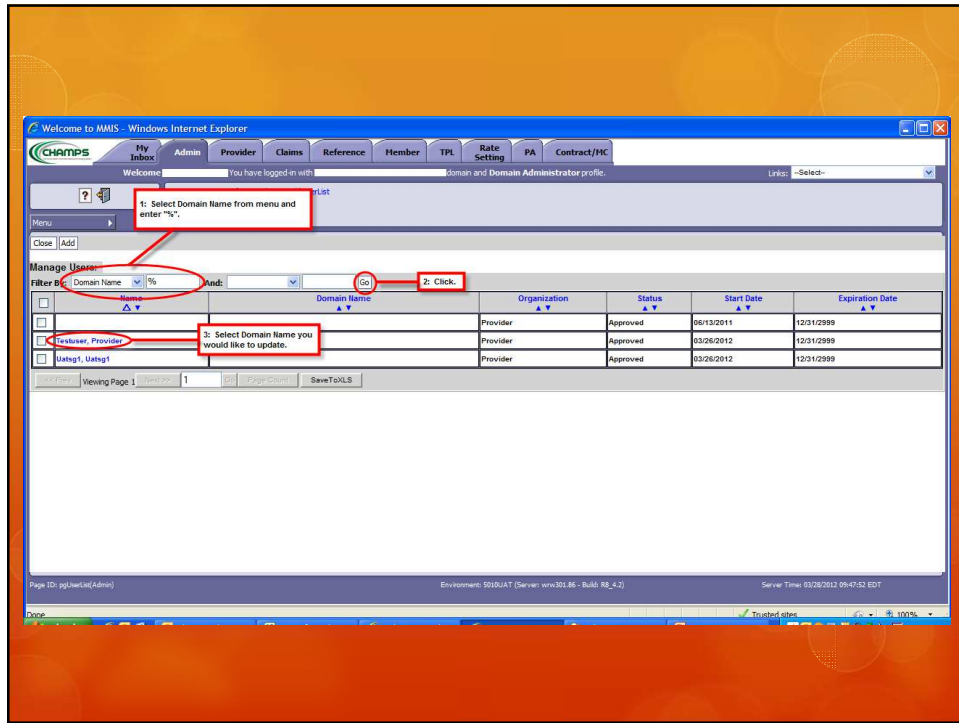




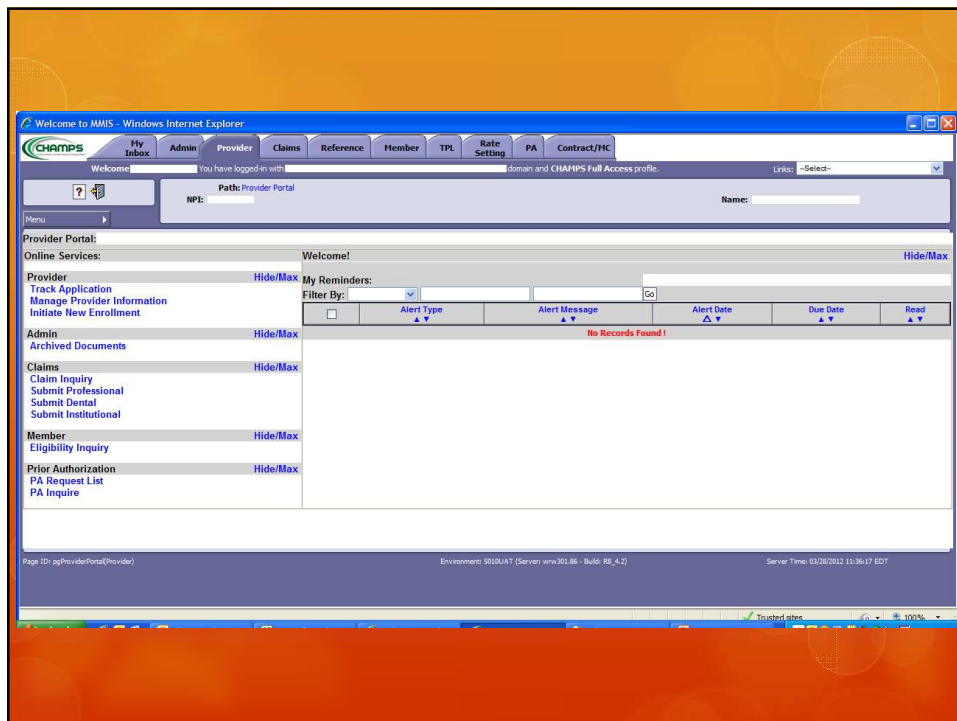
Domain Administrator

Updating Domains



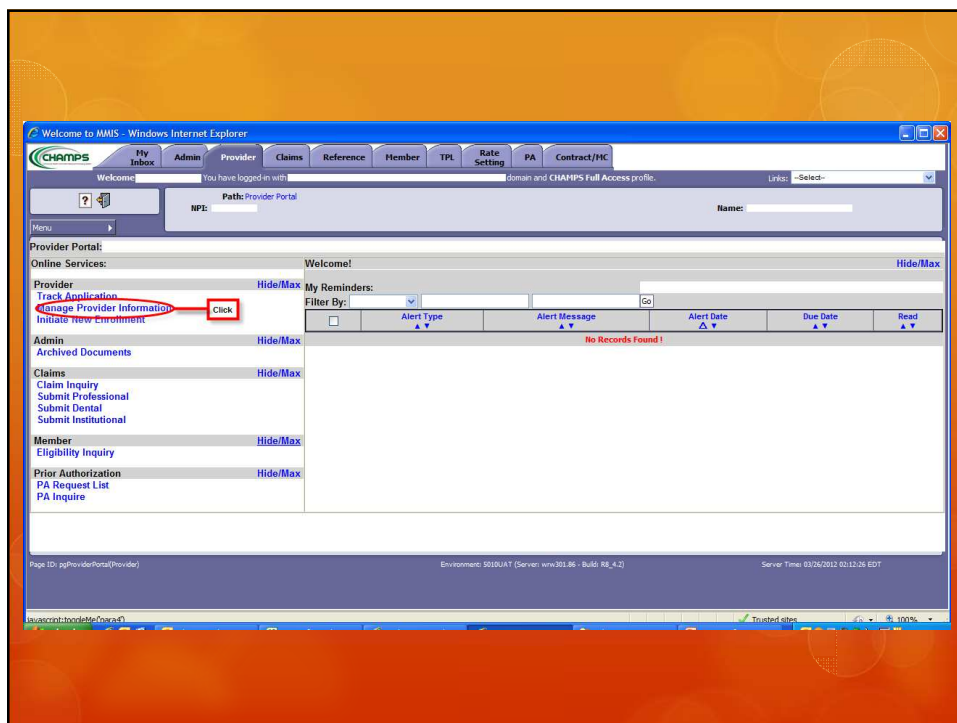


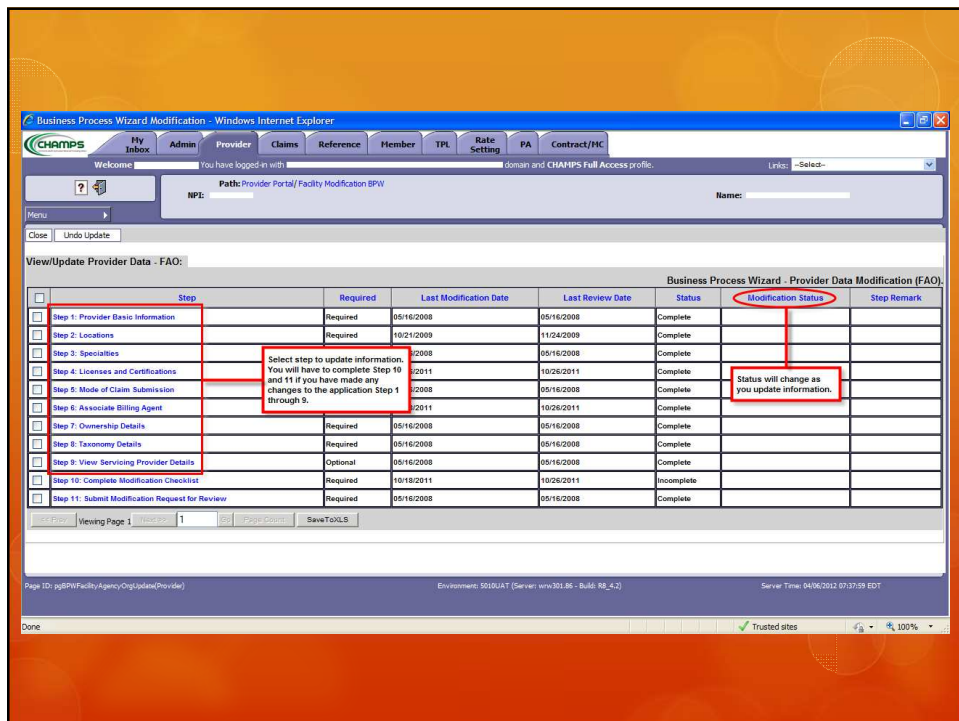
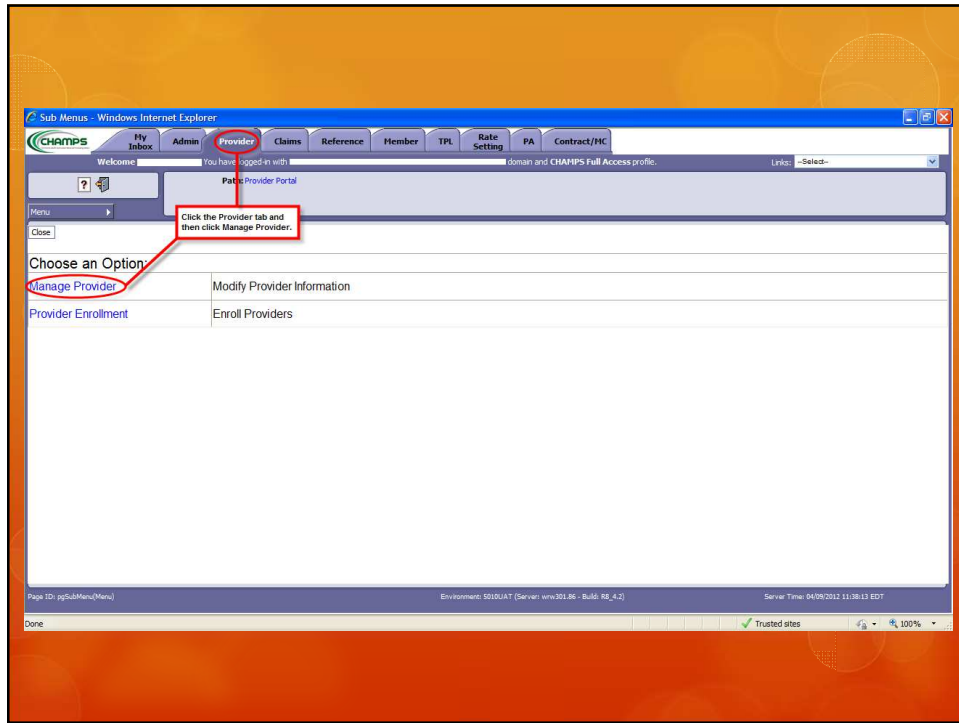
Provider Portal



Provider

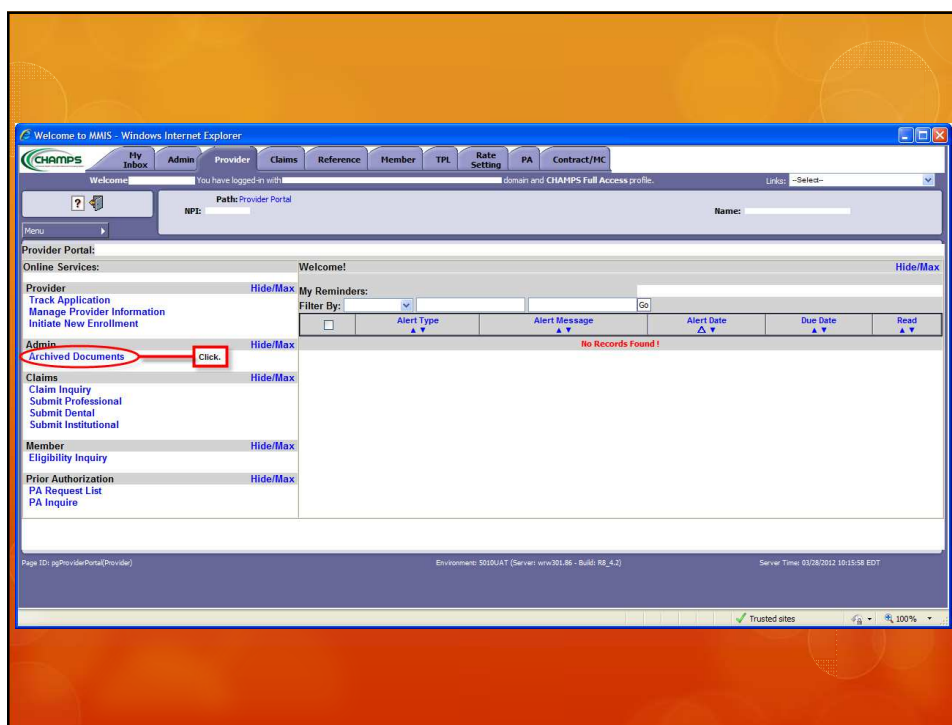
Managing Provider Information

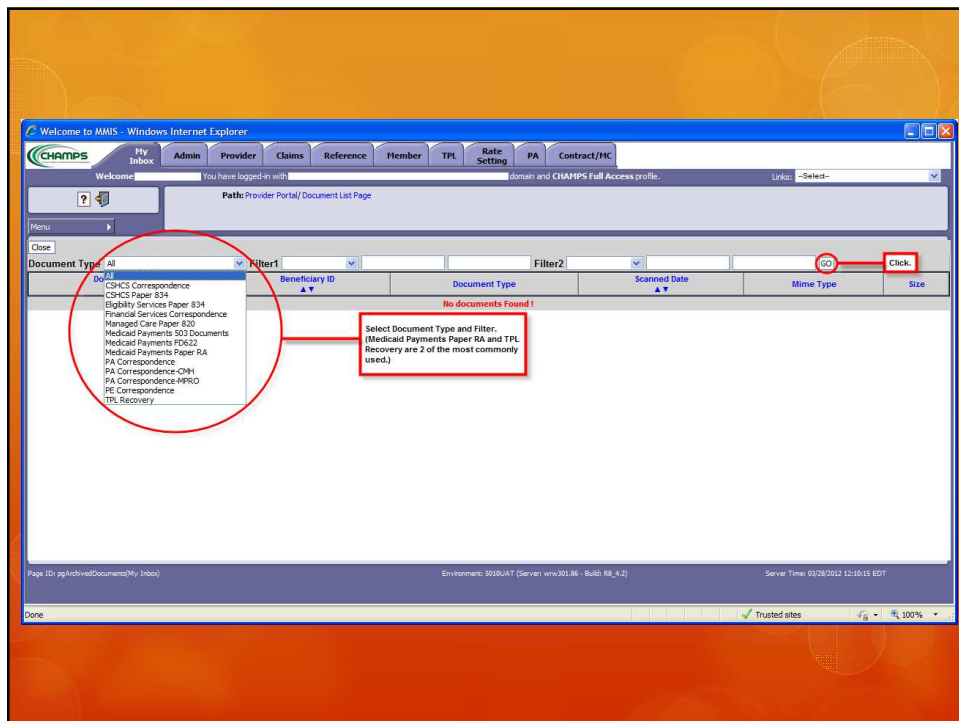
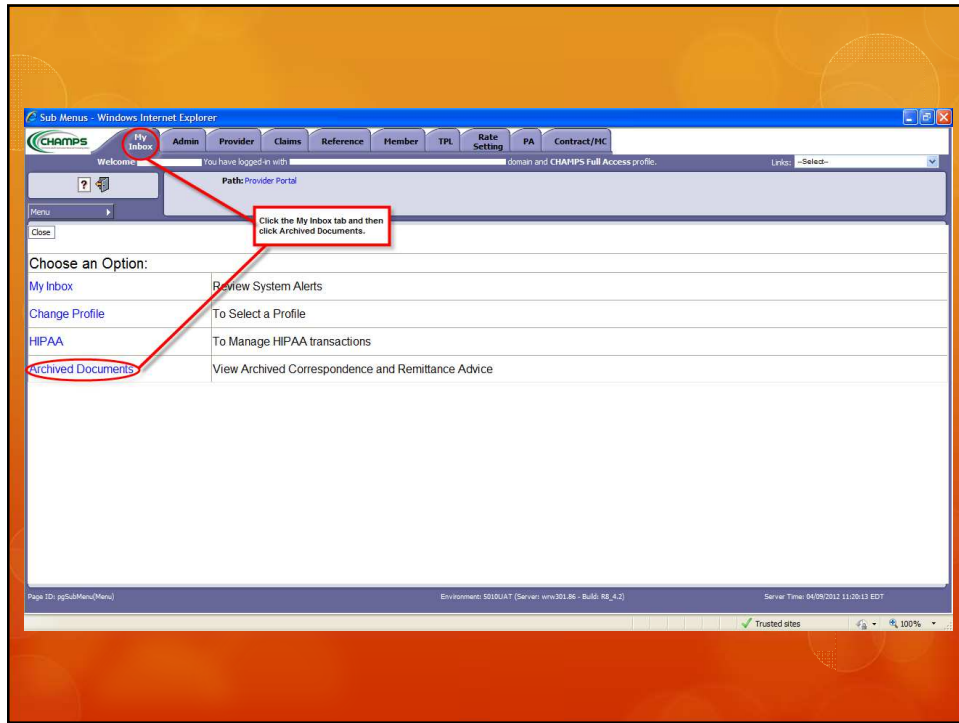




Admin

Viewing Archived Documents





Welcome to MMIS - Windows Internet Explorer

CHAMPS

My Inbox Admin Provider Claims Reference Member YPL Rate Setting PA Contract/HC

Welcome You have logged in with [domain] and CHAMPS Full Access profile. Links: --Select--

Path: Provider Portal/Document List Page

Menu

Close

Document Type: Medicaid Payments Paper RA Filter Scan Date: 06/16/2011 03/11/2012 Filter2 GO

Document Name	Beneficiary ID	Document Type	Scanned Date	Mime Type	Size
Paper RA Click		MP*Paper RA	08/22/2011 02:39:04	application/pdf	87 KB
Paper RA		MP*Paper RA	08/24/2011 10:32:01	application/pdf	77 KB
Paper RA		MP*Paper RA	08/26/2011 12:20:53	application/pdf	79 KB
Paper RA		MP*Paper RA	08/22/2011 23:58:15	application/pdf	74 KB
Paper RA		MP*Paper RA	08/11/2011 20:33:31	application/pdf	78 KB
Paper RA		MP*Paper RA	06/16/2011 11:00:21	application/pdf	77 KB

Page ID: jsArchivedDocumentsMy Inbox Environment: S010JAT (Server: www30186 - Build: RA_4.2) Server Time: 04/11/2012 08:30:41 EDT

Trusted sites 100%

Billing Provider NPI: 1111111111 Name: Example O. Provider EIN/TIN: 010101010 Pay Cycle: RA Number: 75087991 RA Date: 07/12/2009

FINANCIAL ADJUSTMENTS

Adjustment Type	Previous Balance	Adjustment Amount	Remaining Balance
CLAIM SUMMARY			
Category	Count		
Paid	5		
Suspended	0		
Rejected	1		
GA	0		
Total Approved	\$78.89	Total Adjusted \$0.00	Total Paid \$78.89
Warrant/ETF #: 000032296	Warrant/ETF Date: 07/12/2009		

7508677600000003

Business Process Wizard - Windows Internet Explorer

CHAMPS

My Index Admin Provider Claims Reference Member YPA Rate Setting PA Contract/PA

Welcome You have logged in as [Name] Admin and CHAMPS Full Access profile Links Refresh

Path: Provider Portal/Facility Modification BPW Name:

Menu Undo Update

View/Update Provider Data - FAO:

	Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
<input type="checkbox"/>	Step 1: Provider Basic Information	Required	05/16/2008	05/14/2008	Complete		
<input type="checkbox"/>	Step 2: Location	Required	10/21/2009	11/24/2009	Complete		
<input type="checkbox"/>	Step 3: Specialties	Required	05/16/2008	05/16/2008	Complete		
<input type="checkbox"/>	Step 4: Licenses and Certifications	Required	07/26/2011	10/28/2011	Complete		
<input type="checkbox"/>	Step 5: Made of Claim Submission	Required	05/16/2008	05/16/2008	Complete		
<input type="checkbox"/>	Step 6: Ownership Billing Agent	Required	05/16/2011	10/28/2011	Complete		
<input type="checkbox"/>	Step 7: Ownership Details	Required	05/16/2008	05/16/2008	Complete		
<input type="checkbox"/>	Step 8: Taxonomy Details	Required	05/16/2008	05/16/2008	Complete		
<input type="checkbox"/>	Step 9: Visitor Servicing Provider Details	Optional	05/16/2008	05/16/2008	Complete		
<input type="checkbox"/>	Step 10: Complete Modification Checklist	Required	10/18/2011	10/28/2011	Incomplete		
<input type="checkbox"/>	Step 11: Submit Modification Request for Review	Required	05/16/2008	05/16/2008	Complete		

Showing Page 1 of 1 Page 1 of 1 Save To CSV

Page ID: gpfh00PathAgency/provider/provider Environment: 05010AT (Server: env30.0, Build: REL_0)

Server Time: 05/13/2012 02:36:33 EDT

Done Trusted sites 100%

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Welcome to MMIS - Windows Internet Explorer

CHAMPS

My Inbox Admin Provider Claims Reference Member TPL Rate Setting PA Contract/HC

Welcome You have logged in with [redacted] domain and CHAMPS Full Access profile. Login: [redacted]

Path: Provider Portal / Facility Modification BPW Name: [redacted]

Menu

Close Save Enter an end date and click save.

Manage Provider Location Address:

Type of Address: Remittance Advice Status: Approved

End Date: 12/31/2009

If a department or drawer number is required enter the information in line TWO.
(For example: DEPT 222 or DEPARTMENT 222, DRAWNR 1111 or DRAWNR 1111)
If an attention line is required, please enter the information in line THREE. (For example: ATTN: Billing Dept.)

Address Line 1: [redacted] Address Line 2: [redacted]

Address Line 3: [redacted] City/Town: [redacted]

State/Province: MICHIGAN County: [redacted]

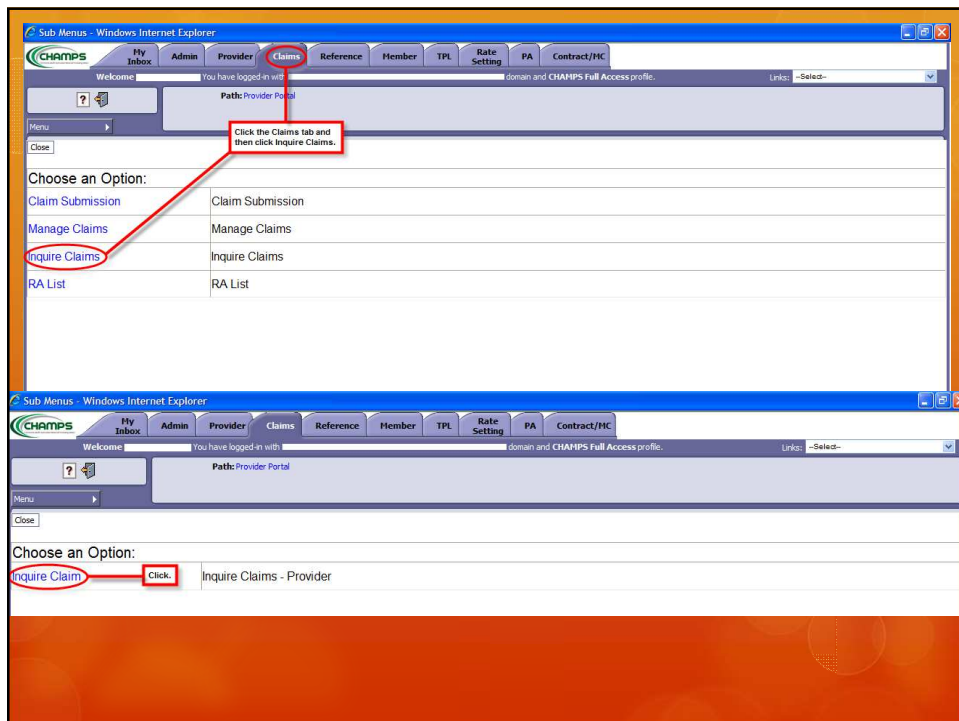
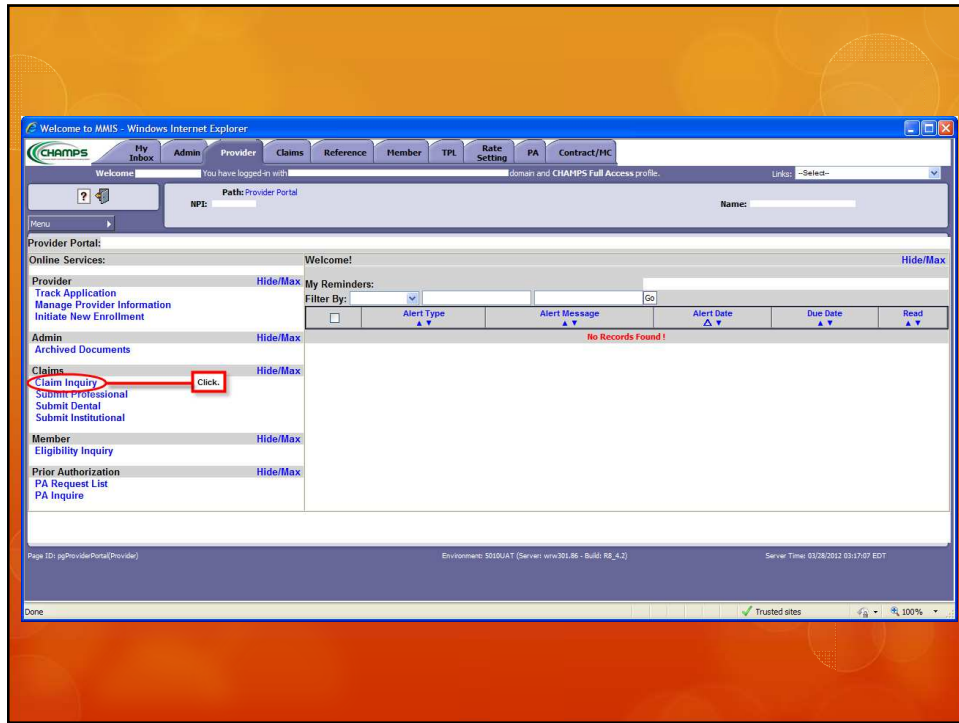
Country: UNITED STATES Zip Code: [redacted] Validate Address

Page ID: dgLocationAddress/Provider Environment: S010UAT (Server: vvv301.86 - Build: 88_4-2) Server Time: 04/11/2012 02:56:37 EDT

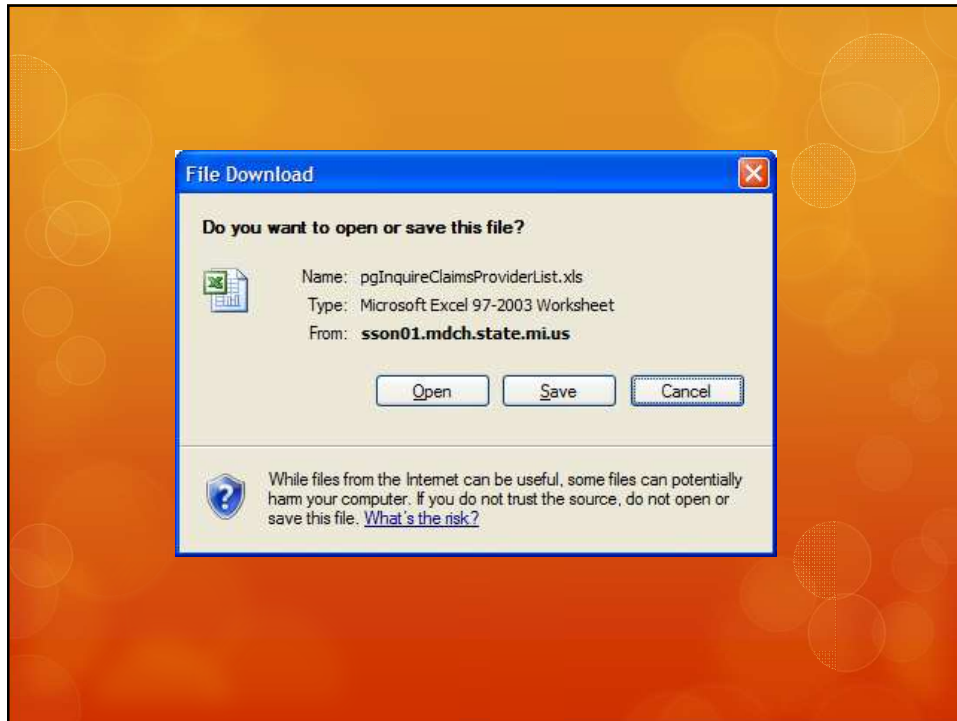
Done Trusted sites 100%

Claims

Inquiry



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	A	B	C	D	E	F	G	H	I	J	K	L
	TCN	From Date	To Date	Submitted Charges	Claim Status	Approved Amount	Pay Cycle Date	Reason Code	Remark Code			
2	3110	01/01/2010	01/31/2010	\$7,358.47	Adjusted	\$3,294.43	02/25/2010	142	N246			
3	3110	01/01/2010	01/31/2010	\$7,358.47	Adjusted	\$3,373.43	02/25/2010	142	N246			
4	3110	01/01/2010	01/31/2010	\$7,358.47	Adjusted	\$1,885.43	02/25/2010	142	N246			
5	3110	02/01/2010	02/28/2010	\$6,646.36	Adjusted	\$2,913.84	03/25/2010	142	N246			
6	3110	02/01/2010	02/28/2010	\$6,646.36	Adjusted	\$2,475.84	03/25/2010	142	N246			
7	3110	02/05/2010	02/28/2010	\$6,176.88	Adjusted	\$0.00	03/25/2010	142	N246, N58			
8	3110	02/01/2010	02/28/2010	\$6,646.36	Adjusted	\$2,942.84	03/25/2010	142	N246			
9	3110	02/01/2010	02/28/2010	\$6,646.36	Adjusted	\$2,863.84	03/25/2010	142	N246, N58			
10	3110	01/01/2010	01/31/2010	\$7,978.47	Adjusted	\$3,147.50	03/25/2010	142, 22	N246, N196			
11	3110	02/11/2010	02/28/2010	\$4,272.66	Adjusted	\$1,593.54	03/25/2010	142, 16	N246, N329			
12	3110	03/01/2010	03/19/2010	\$4,632.66	Adjusted	\$2,043.54	04/22/2010	142, 142	N246, N58			
13	3110	03/01/2010	03/31/2010	\$7,978.47	Adjusted	\$0.00	04/22/2010	142, 146	M76, MA63, N246, N58			
14	3110	03/01/2010	03/31/2010	\$7,978.47	Adjusted	\$3,628.43	04/22/2010	142	N246			
15	3110	01/15/2010	01/31/2010	\$6,113.37	Credited	\$1,394.50	04/09/2010					
156	4110	02/05/2010	02/28/2010	\$6,176.88	Credited	\$0.00	05/06/2010					
157	4110	01/01/2010	01/31/2010	\$7,978.47	Credited	\$3,147.50	05/06/2010					
360	3110	02/01/2010	02/28/2010	\$6,646.36	Denied	\$0.00	04/15/2010	142, 16	N146, N246			
361	3110	03/01/2010	03/31/2010	\$7,358.47	Denied	\$0.00	04/15/2010	16, 31, B9	N329, N130, N143			
362	3110	03/01/2010	03/15/2010	\$3,323.18	Denied	\$0.00	04/15/2010	142, 16	N146, N246			
363	3110	03/01/2010	03/31/2010	\$7,978.47	Denied	\$0.00	04/15/2010	142, 146, 16, 142, 22	M76, MA63, N146, N246, N196, N58			
364	3110	02/01/2010	02/28/2010	\$6,646.36	Denied	\$0.00	04/29/2010	18	N30			
365	2110	03/01/2010	03/31/2010	\$7,978.47	Denied	\$0.00	04/29/2010	142, 16, 22	N146, N246, N196			
366	2110	02/01/2010	02/28/2010	\$7,286.36	Denied	\$0.00	04/29/2010	142, 16	N146, N246			
367	3110	01/01/2010	01/31/2010	\$9,461.68	Denied	\$0.00	04/22/2010	22, 18	MAQ4, N30			
368	3110	02/01/2010	02/28/2010	\$6,646.36	Denied	\$0.00	04/29/2010	133, 16, 18	MA7, N30			
369	3110	01/01/2010	01/31/2010	\$7,358.47	Denied	\$0.00	04/29/2010	133, 16, 18	MA7, N30			
370	3110	01/01/2010	01/31/2010	\$7,358.47	Denied	\$0.00	04/29/2010	142, 16	N146, N246			
371	3110	02/05/2010	02/28/2010	\$6,176.88	Denied	\$0.00	05/06/2010	18	N30			

Welcome to AMIS - Windows Internet Explorer

Header TCR: 311
Beneficiary ID: [redacted] Name: [redacted]

TCN: 311
Original TCN: [redacted]
Bill Type: 0 2 1
Adjustment Source: [redacted]

Beneficiary ID: [redacted]
Gender: [redacted]
Patient Control Number: [redacted]
Benefit Plan: [redacted]

Billing Provider ID: 120 * Type: NP1 * Taxonomy: 314000000X
Attending Provider ID: 155 * Type: NP1 * Taxonomy:
Pay To Provider ID: 120 Type: NP1
Operating Provider ID: [redacted] Type: [redacted]
Other Operating Provider ID: [redacted] Type: [redacted]
Rendering Provider ID: [redacted] Type: [redacted]
Referring Provider ID: [redacted] Type: [redacted]

From Date: 01/01/2010 To Date: 01/31/2010
Referral #: [redacted] PRO #: [redacted]
Auth #: [redacted] DRG Code: [redacted]
Total DRG Outlier Payment: [redacted]
Total APC Outlier Payment: [redacted]

Patient Status: 30-999 patient
Admit Source: 4-Transfer from a Hospital (Different Facility)
Admit Type: 1-Emergency

Click the Green and Red folder icon or select Service Line List from the Show Menu.

Page ID: dgViewClaimHeaderDetail(Claim)

Done Trusted sites 100%

Service Line List - Windows Internet Explorer

Header TCR: 311 10009
Beneficiary ID: 0039 Name: [redacted]

Service Lines:

Filter By: [redacted] And [redacted] Go

	TCN	Revenue Code	Procedure Code	From Date	To Date	Units	Submitted Charges	Approved Amount	Claim Status
<input checked="" type="checkbox"/>	311	10009				31	\$7,358.47	\$2,848.43	Paid

Viewing Page 1 of 1

Page ID: dgViewServiceList(Claim)

Done Trusted sites 100%

Welcome to MMIS - Windows Internet Explorer

Header TCN: 311 10009 000
Line TCN: 311 10009 001
Beneficiary ID: 0039

Name:

Show: --SELECT--

Service Line Detail:

TCN: 311 10009 001 Claim Type: T - Nursing Facility Source: HIPAA
Adjustment Source: Pricing Rule: Nursing Facility Pricing Bill Type: 0 2 1 1 * Claim Status: Paid

Beneficiary ID: 0039 Last Name: DOB: 03/03/19 First Name:
Gender: Female Age:
Benefit Plan: Nursing Home

Operating Provider ID: Type:
Other Operating Provider ID: Type:
Rendering Provider ID: Type:
Referring Provider ID: Type:
Auth #: PRO#: Referral #:
Service From Date: Service To Date:

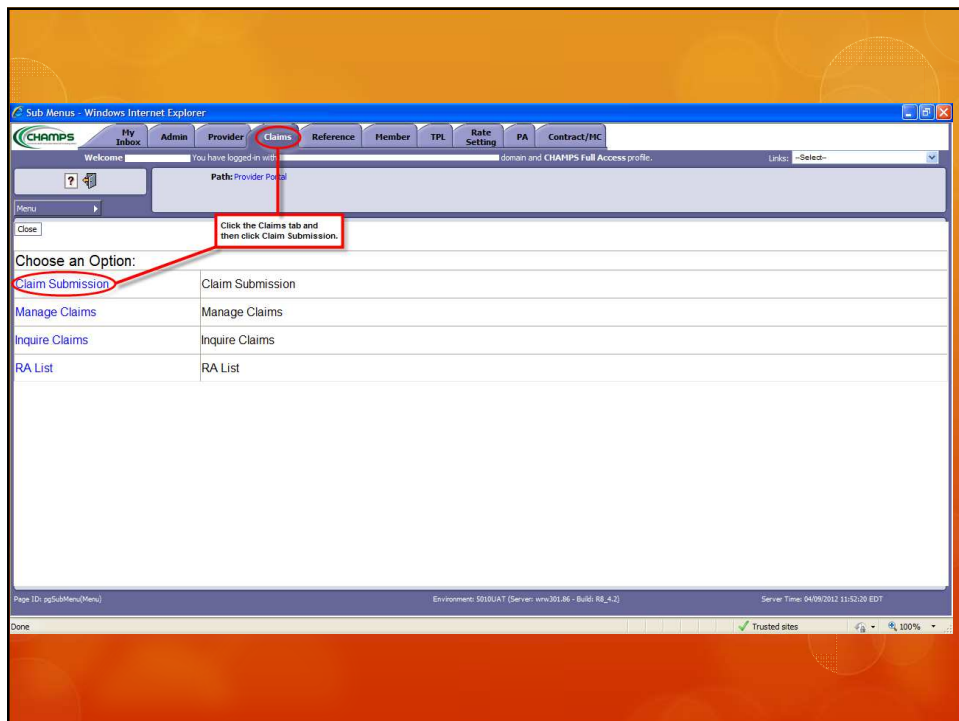
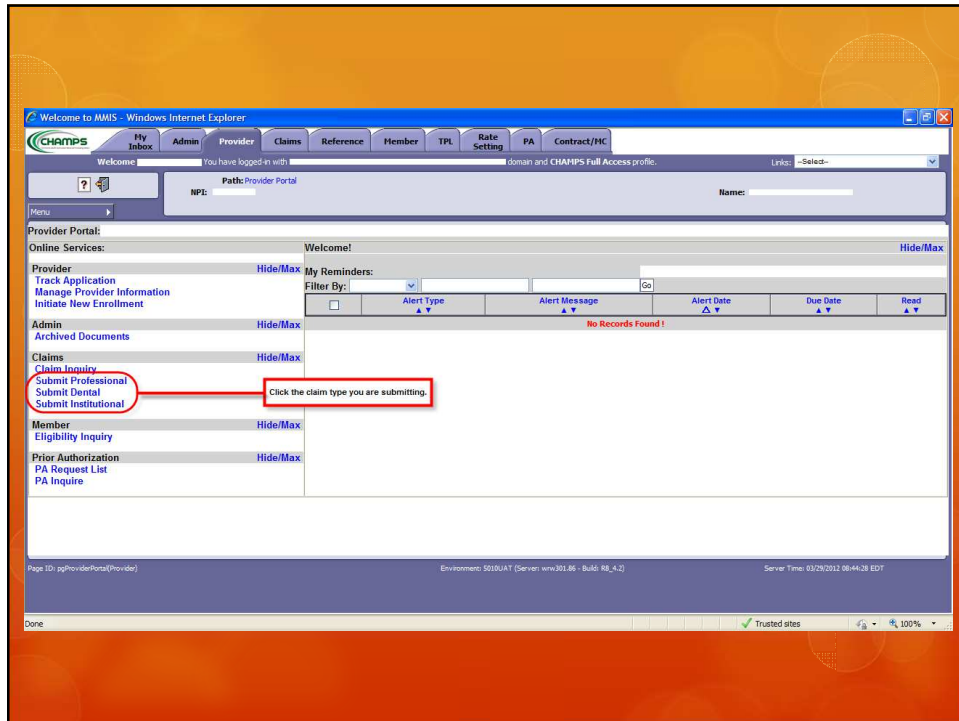
Procedure Code: Modifiers: 1: 2: 3: 4: Procedure Description:
Submitted Procedure Code: Submitted Modifiers: 1: 2: 3: 4: Characters Remaining: 80
Revenue Code: 0120 * Total APC Outlier Payment: 50.00
Manual Units: Billed Units: *

Previous Next Cancel

Page ID: (d:\NewServiceLineDetailClaim)

Done Trusted sites 100%

Claims
Submit



Sub Menu - Windows Internet Explorer

CHAMPS

Welcome You have logged in with [domain] and CHAMPS Full Access profile. Links: --Select--

Path: Provider Portal

Menu

Close

Choose an Option:

Submit Professional	Submit Professional
Submit Institutional	Submit Institutional
Submit Dental	Submit Dental
Search Template	Search Template

Page ID: pgSubMenu(Menu) Environment: S010UAT (Server: www.2012R - Build: R8_4.0) Server Time: 04/09/2012 11:56:46 EDT

Done

Trusted sites 100%

Welcome to MMIS - Windows Internet Explorer

CHAMPS

Welcome You have logged in with [domain] and CHAMPS Full Access profile. Links: --Select--

Path: Provider Portal/ Submit Professional Claim

Menu

Close Submit Claim Save as Template Reset

Professional Claim:
Note: Asterisks (*) denote required fields.

Basic Claim Info

Provider | Beneficiary | Claim | Service

PROVIDER INFORMATION

BILLING PROVIDER INFORMATION

Provider ID: 111111111 * Type: NPI * Taxonomy Code: []

Is the Billing Provider also the Rendering Provider? ☐ Yes ☒ No

RENDERING PROVIDER

Provider ID: 222222222 * Type: NPI * Taxonomy Code: []

Is the Billing Provider also the Supervising Provider? ☒ Yes ☐ No

Is this service the result of a referral? ☐ Yes ☒ No

Top

Billing Instructions

BENEFICIARY INFORMATION

BENEFICIARY

Beneficiary ID: 1234567890 *

Last Name: Beneficiary * First Name: Joe * MI: Suffix:

Date of Birth: mm dd yyyy * 07 19 1947 * Gender: M-Male *

Onset of Current Illness/symptom Date: mm dd yyyy *

Does the beneficiary have insurance other than Medicaid? ☒ Yes ☐ No

OTHER INSURANCE INFORMATION

Other Subscriber Information

Payer Responsibility Code: P-Primary * Remittance Date: mm dd yyyy

Payer ID Number: 44444444 * Subscriber Member ID:

Subscriber Last Name: First Name: MI: Suffix:

Insured's Group or Policy Number: 111224444 * Beneficiary's Relationship:

Claim Filing Indicator: MB-Medicare Part B * Total COB Payer Paid Amount: \$ 50.00 * Add Another

CLAIM INFORMATION

RELEVANT DATES

PRIOR AUTHORIZATION/REFERRAL/CLIA

Prior Authorization Number: MDCH PA: ☐ Yes ☐ No Referral Number: CLIA Number:

CLAIM NOTE

Is this claim related to Chiropractic Spinal Manipulation? ☐ Yes ☒ No

Is this a vision claim involving replacement lenses or frames? ☐ Yes ☒ No

Is this claim accident related? ☐ Yes ☒ No

Does this claim have backup documentation? ☐ Yes ☒ No

CLAIM DATA

Patient Account No.: 1234 *

Place of Service: 11-Office *

Diagnosis Codes: 1: 11111 * 2: 3: 4: Add Another

ANESTHESIA RELATED PROCEDURE

CONDITION INFORMATION

DELAY REASON

AMBULANCE INFORMATION

BASIC LINE ITEM INFORMATION

BASIC SERVICE LINE ITEMS

Service Date From: mm dd yyyy 04 11 2012 Service To Date: mm dd yyyy 04 11 2012

Place of Service: Procedure Description: Procedure Code: 99213

Submitted Charges: \$ 100.00

Units/Quantity: 1

EPSTOT/Family Planning: EMG:

Prior Authorization Number: MDCH PA: Yes No Referral Number: CLIA: Taxonomy Code: Prescription Date: mm dd yyyy Qualifier: Prescription/Link No:

AMBUANCE INFORMATION

Add Service Line Item Update Service Line Item

Previously Entered Line Item Information

Click a Line No. below to view/update that Line Item Information. Total Submitted Charges: \$100.00

Click on Insurance Info to enter each Line's Insurance Information.

Line No	Service Dates From To	Proc. Code	Modifiers 1 2 3 4	Diagnosis Pointer 1 2 3 4	Submitted Charges	Units	Prior Auth Number	Insurance Info	Copy	Delete
1	04/11/2012 04/11/2012	99213		1	100.00	1		Insurance Info		

Welcome to MMIS - Windows Internet Explorer

CHAMPS My Admin Provider Claims Reference Member TPL Rate Setting PA Contract/MC

Welcome You have logged in with domain and CHAMPS Full Access profile. Links: --Select--

Path: Provider Portal/ Submit Professional Claim/ Submit Claim Insurance Info

Menu

Close Basic Claim Form Click.

Professional Claim:

Note: asterisks (*) denote required fields. Billing Instructions

INSURANCE INFORMATION

To save the information, Click 'Basic Claim Form' button.

Does the Beneficiary have insurance other than Medicaid? Yes No

OTHER INSURANCE INFORMATION

1. Service Line Other Payer Information

Primary Payer Responsibility: 16P#44444444#B-Medicare Part B Amount Paid: \$ 50.00 Remittance Date: mm dd yyyy

1. Reason Code: 45 Amount: \$ 25.00 Adjustment Quantity: Add Another Reason Code

2. Reason Code: 1 Amount: \$ 25.00 Adjustment Quantity:

45: Write Off % Deductible

Add Another Payer

Page ID: pgSubmitClaimInsuranceInfo(Claims) Environment: S010UAT (Server: sw001.86 - Build: R8_4.2) Server Time: 04/11/2012 02:17:47 EDT

Trusted sites 100%

Welcome to MMIS - Windows Internet Explorer

CHAMPS

My Inbox Admin Provider Claims Reference Member TPL Rate Setting PA Contract/MC

Welcome You have logged in with [User] Domain and CHAMPS Full Access profile. Links: --Select--

Path: Provider Portal/ Submit Professional Claim

Menu ? Click

Close Submit Claim Save as Template Reset

Units/Quantity: 1 *

EPSDT/Family Planning: [Dropdown]

EMG: [Dropdown]

Modifiers: 1: [Dropdown] 2: [Dropdown] 3: [Dropdown] 4: [Dropdown]

Diagnosis Pointers: 1: [Dropdown] 2: [Dropdown] 3: [Dropdown] 4: [Dropdown]

Claim Note: [Text Area]

Characters Remaining: 100

Prior Authorization Number: [Text Box]

MDCH PA: ☐ Yes ☐ No

Referral Number: [Text Box]

CLIA: [Text Box]

Rendering Provider ID: (If different from header) [Text Box]

Type: [Dropdown]

Taxonomy Code: [Text Box]

National Drug Code: [Text Box] Quantity: [Text Box] Unit: [Text Box]

Prescription Date: mm dd yyyy Qualifier: [Dropdown]

Prescription/Link No: [Text Box]

AMBUANCE INFORMATION

Add Service Line Item Update Service Line Item

Previously Entered Line Item Information

Click a Line No. below to view/update that Line Item Information.
Click on Insurance Info to enter each Line's Insurance Information.

Total Submitted Charges: \$100.00

Line No	Service Dates From To	Proc. Code	Modifiers	Diagnosis Pointer	Submitted Charges	Units	Prior Auth Number	Insurance Info	Copy	Delete
1	03/01/2012 03/01/2012	34844		1	100.00	1				

Page ID: pgSubmitProfClaim(Claims) Environment: 3010UAT (Server: win201.06 - build: R8_4.2) Server Time: 03/29/2012 09:48:49 EDT

Trusted sites 100%

Welcome to MMIS - Windows Internet Explorer

Submitted Professional Claim Details:

TCN: 211 10000003000

Billing Provider ID:

Billing Provider Name:

Beneficiary ID: 002 6

Beneficiary Name: Smith, John

Date of Service: 03/01/2012

Total Claim Charge: \$100.00

Total Number of Lines: 1

Print Close

Page ID: dlSubmitProfessionalClaimsFinal(Claims)

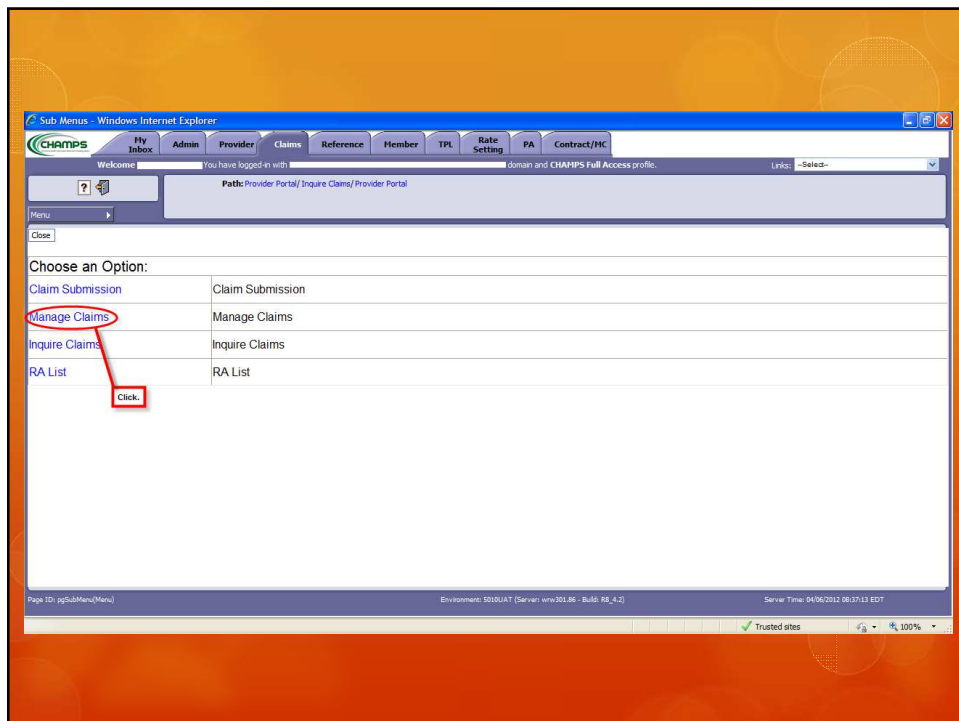
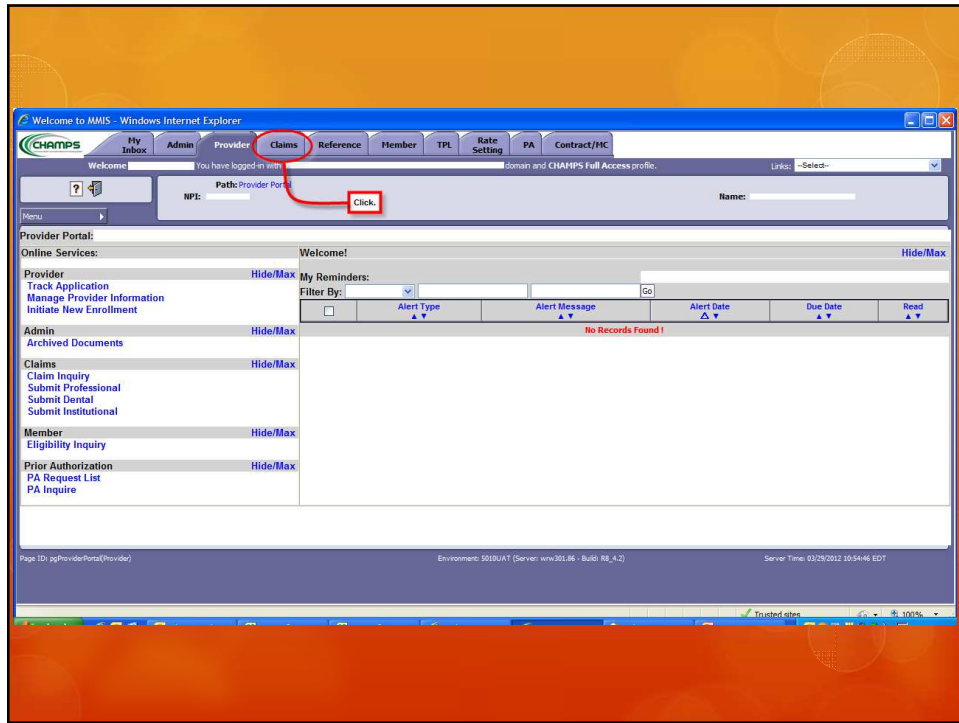
Done Trusted sites 100%

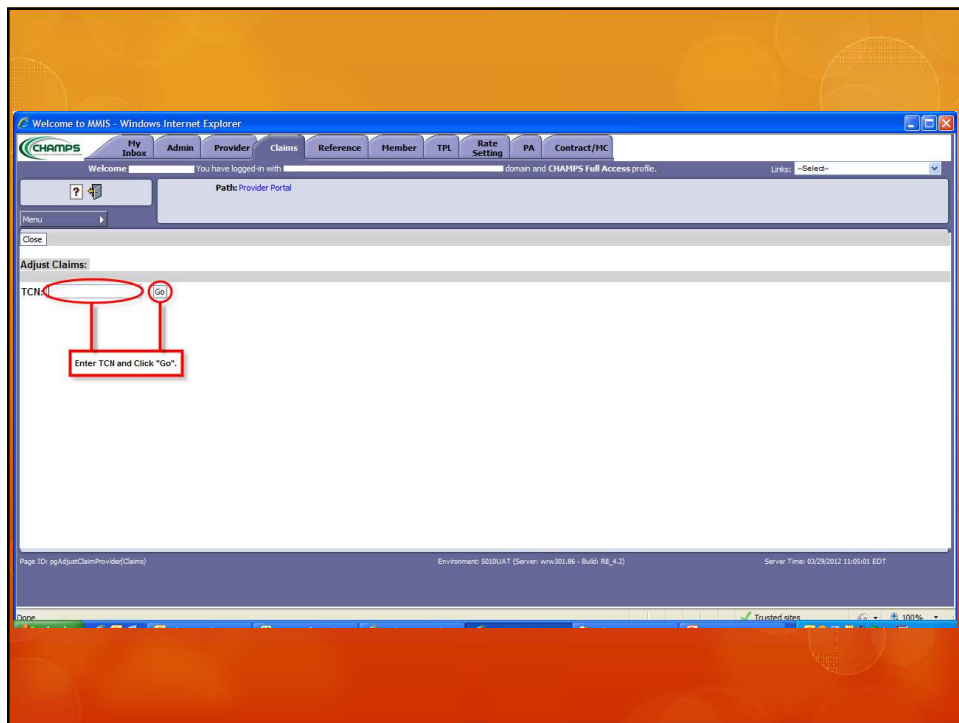
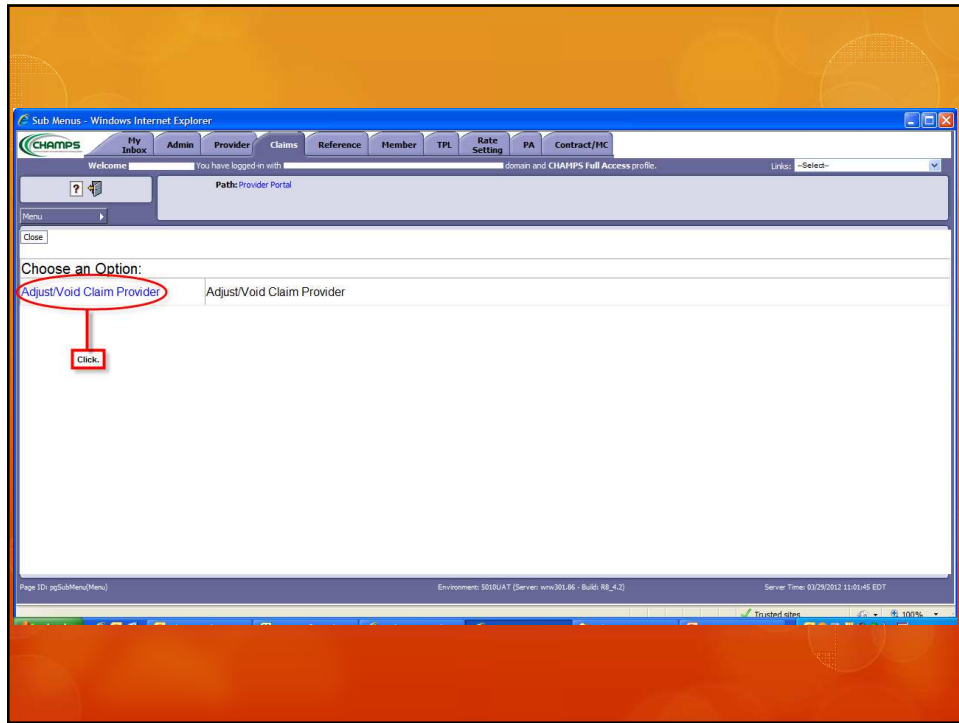
CHAMPS DDE Function

- Professional Claims
 - All info on your 1500 form needs entered in CHAMPS
- Institutional Claims
 - All info on your UB04 form needs to be entered in CHAMPS
- Dental Claims
 - All info on your ADA form needs to be entered in CHAMPS

Manage Claims

Adjust/Void





Welcome to MMIS - Windows Internet Explorer

Header TCN: Beneficiary ID: Name:

TCN Error Description Erroneous Data

No Records Found!

Header Details:

TCN: Claim Type: T - Nursing Facility Source: Web Batch
 Original TCN: No of Lines: 1 Related Cause:
 Bill Type: Medicare: Y Commercial: Y
 Adjustment Source: SC-System Correction Pricing Rule: Claim Status: Paid
 Beneficiary ID: Last Name: First Name:
 Gender: DOB: Age:
 Patient Control Number: Medical Record Number:
 Benefit Plan:

Billing Provider ID: * Type: * Taxonomy: 314000000X From Date: 05/01/2010 * To Date: 05/30/2010 *
 Attending Provider ID: * Type: * Taxonomy: Referral #: PRO #:
 Pay To Provider ID: * Type: * Taxonomy: Auth #: DRG Code:
 Operating Provider ID: * Type: Total DRG Outlier:
 Other Provider ID: * Type: Payment:
 Rendering Provider ID: * Type: Total APC Outlier:
 Referring Provider ID: * Type: Payment:

Make changes if an adjustment. Click the appropriate option.

Page ID: digAdjustClaimHeaderDetail(Claims)

Done

Welcome to MMIS - Windows Internet Explorer

Header TCN: Beneficiary ID: Name:

Void Claim:

Please enter the following information:

Void Source: Comment:

1. Select Provider Initiated Adjust/Void from the menu and enter comments in the Comment field.

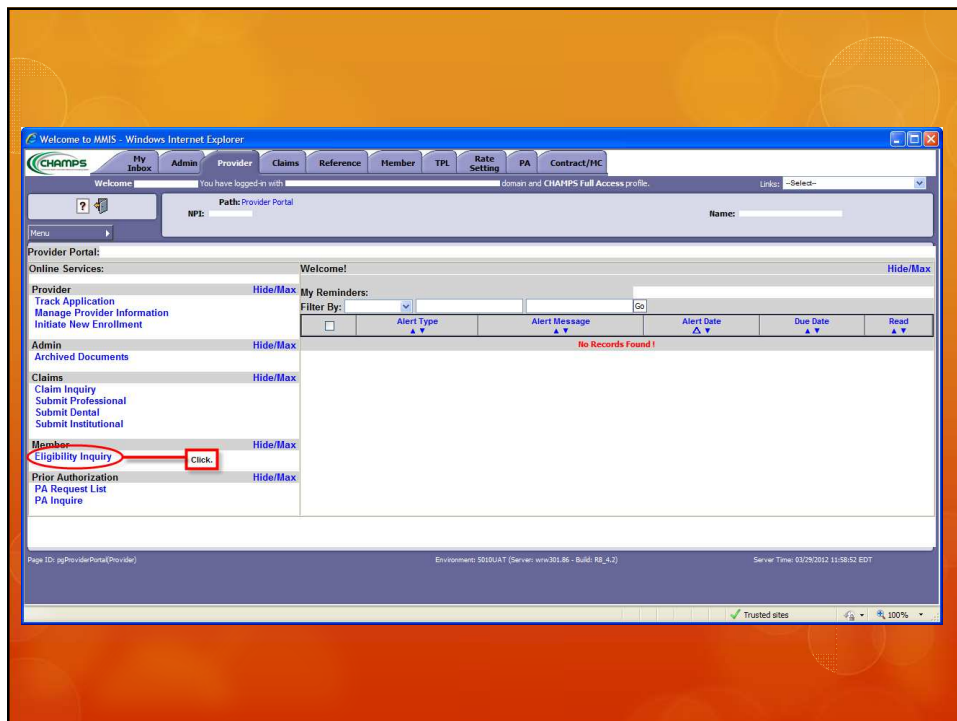
2. Click.

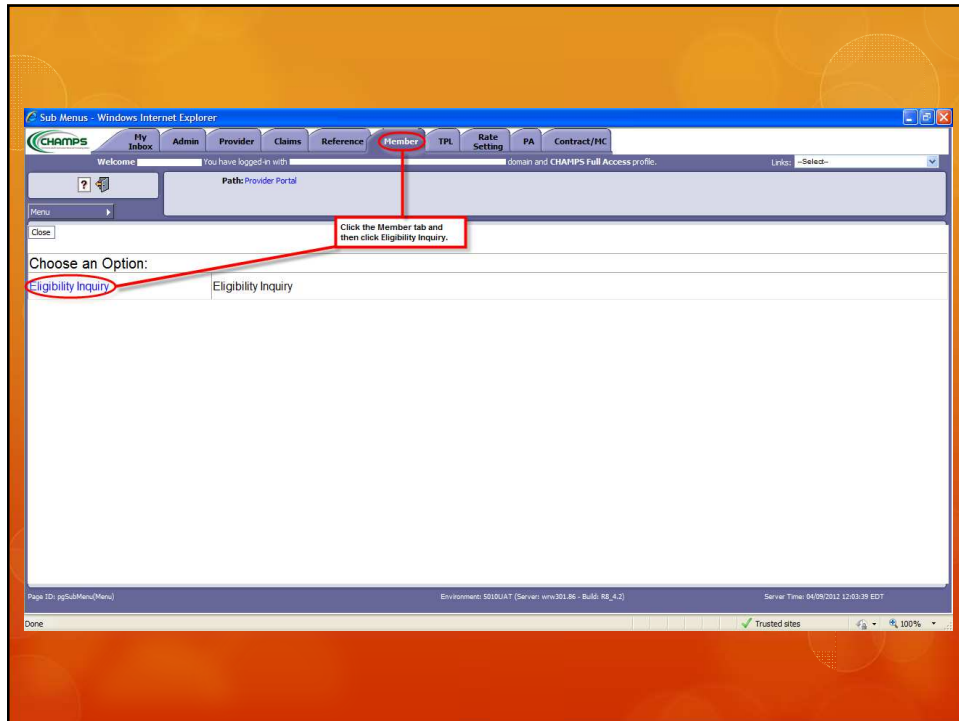
Page ID: digVoidClaimDetail(Claims)

Done

Member

Eligibility Inquiry





Welcome to MMIS - Windows Internet Explorer

CHAMPS

Welcome You have logged in with [domain] and CHAMPS Full Access profile. Links: --Select--

Path: Provider Portal/Member Eligibility Inquiry

Menu

Close Submit

TO SUBMIT AN ELIGIBILITY INQUIRY ON A SPECIFIC MEMBER, COMPLETE ONE OF THE FOLLOWING CRITERIA SETS AND CLICK 'SUBMIT'.

- MEMBER ID (CLIENT IDENTIFICATION NUMBER/CIN)/PENDING ELIGIBILITY RID OR
- LAST NAME, FIRST NAME AND DATE OF BIRTH OR
- LAST NAME, FIRST NAME AND SSN OR
- SSN AND DATE OF BIRTH
- ADDITIONAL SEARCH OPTIONS (Use if needed with one of the Search Options above to obtain a unique member match):
- GENDER
- ZIP CODE
- CASE NUMBER

MEMBER ELIGIBILITY INQUIRY:

SEARCH MA PENDING ELIGIBILITY: ☐

SERVICING PROVIDER NP/PROVIDER ID: *

FILTER BY: --SELECT--

LAST NAME:

DATE OF BIRTH:

Gender: --SELECT--

MICHLID Case Number:

INQUIRY START DATE: 03/29/2012 *

SSN:

FIRST NAME:

Zip Code:

MA Case Number:

INQUIRY END DATE: 03/29/2012 *

Page ID: pgProvEligInq(Member) Environment: S010UAT (Server: www.201.86 - Build: R8_4.2) Server Time: 02/29/2012 12:02:28 EDT

Done Trusted sites 100%

https://son01.mch.state.mi.us/champs-5010uat/ocams/CHSControlServlet - Windows Internet Explorer

Welcome You have logged in with [domain] and CHAMPS Full Access profile. Links: --Select--

Path: Provider Portal/Member Eligibility Inquiry/Member Benefit Level

Member ID: Name:

Menu

Close

Fee for Service Dental Coverage (Note: Refer to Medicaid Provider Manual/MCH website for details on covered services including PA, copay and other requirements. Some services may not be covered if age 21 and older.)

INQUIRY DATE RANGE: 03/29/2012 - 03/29/2012
 GENDER: FEMALE
 DATE OF BIRTH: COMMERCIAL / OTHER: Y
 BMP PROVIDER RESTRICTION: N
 CASE NUMBER: DHS PHONE: (586) 469-7700
 WORKER LOAD NUMBER: 122978
 COUNTY OF RESIDENCE: 50-MACOMB
 CSHCS RESTRICTIONS: N
 DHS COUNTY: 50-12-MT. CLEMENS DISTRICT
 MHP PCP: N
[Print Member Summary](#)

BENEFIT PLANS:

Benefit Plan Id	Benefit Plan Type	CHAMPS Provider Id	Created Date	Transaction Date	Start Date	End Date
MHP	MANAGED CARE	1396319	08/27/2010	08/27/2010	03/29/2012	03/29/2012
MA	FEES FOR SERVICE	1272115	08/27/2010	08/27/2010	03/29/2012	03/29/2012
MA	FEES FOR SERVICE	1272115	12/20/2011	12/20/2011	03/29/2012	03/29/2012

Viewing Page 1 of 1 [PDF Download](#) [Save To XLS](#)

LEVEL OF CARE AUTHORIZATIONS:

LOC	Source Provider Id	NPI	CHAMPS Provider Id	Patient Pay	Created Date	Transaction Date	Start Date	End Date
02 - RECIPIENT IS RECEIVING NURSING CARE SERVICES	2155021	1205833175	1272115	1484	12/19/2011	12/20/2011	03/29/2012	03/29/2012

Viewing Page 1 of 1 [Page Count](#) [Save To XLS](#)

Welcome to RMIS - Windows Internet Explorer

Welcome You have logged in with [domain] and CHAMPS Full Access profile. Links: --Select--

Path: Provider Portal/Inquire Claims/Provider Portal/Provider Portal/Member Eligibility Inquiry/Member Benefit Level/Provider Summary

Member ID: Name:

Menu

Close

PROVIDER INFORMATION SUMMARY:

SOURCE PROVIDER ID: 7001298
 PROVIDER NAME: TOTAL HEALTH CARE
 ADDRESS: 3011 W GRAND BLVD STE 1600
 CITY: DETROIT
 PHONE/CONTACT: 0000252862

NPI:
 PROVIDER TYPE:
 STATE: MI
 SPECIALTY:

CHAMPS PROVIDER ID: 7001298
 ZIP: 48202

Page ID: pgProviderSummary(Member) Environment: S010UAT (Server: www.S01.86 - Build: RE_4.2) Server Time: 04/06/2013 09:03:01 EDT

Done

https://sson01.mdch.state.mi.us/champs-5010uat/ecams/CMSControlServlet - Windows Internet Explorer

CHAMPS

Welcome You have logged in with [domain and CHAMPS Full Access profile] Links: --Select--

Path: Provider Portal/ Inquire Claims/ Provider Portal/ Provider Portal/ Member Eligibility Inquiry/ Member Benefit Level/ TPL

Member ID: Name:

Menu Close [no access]

SEARCH BY: MEMBER ID: [no access]

MEMBER: MEMBER ID: NAME: DOB:

INSURANCE DETAILS:

FILTER BY: All ACTIVE/INACTIVE: Active Inactive

INSURANCE NAME	PAYER ID	COVERAGE TYPE	GROUP NUMBER	POLICY NUMBER	POLICY HOLDER ID	DATE LAST UPDATED	BEGIN DATE	END DATE
MEDICARE-ENROLLED IN PART A	33333333	AA				04/14/2011	04/01/2011	12/31/2999
MEDICARE-ENROLLED IN PART B	44444444	BB				04/14/2011	04/01/2011	12/31/2999
MEDICARE-ENROLLED IN MEDICARE PART D	66666666	DD				04/19/2011	04/01/2011	12/31/2999

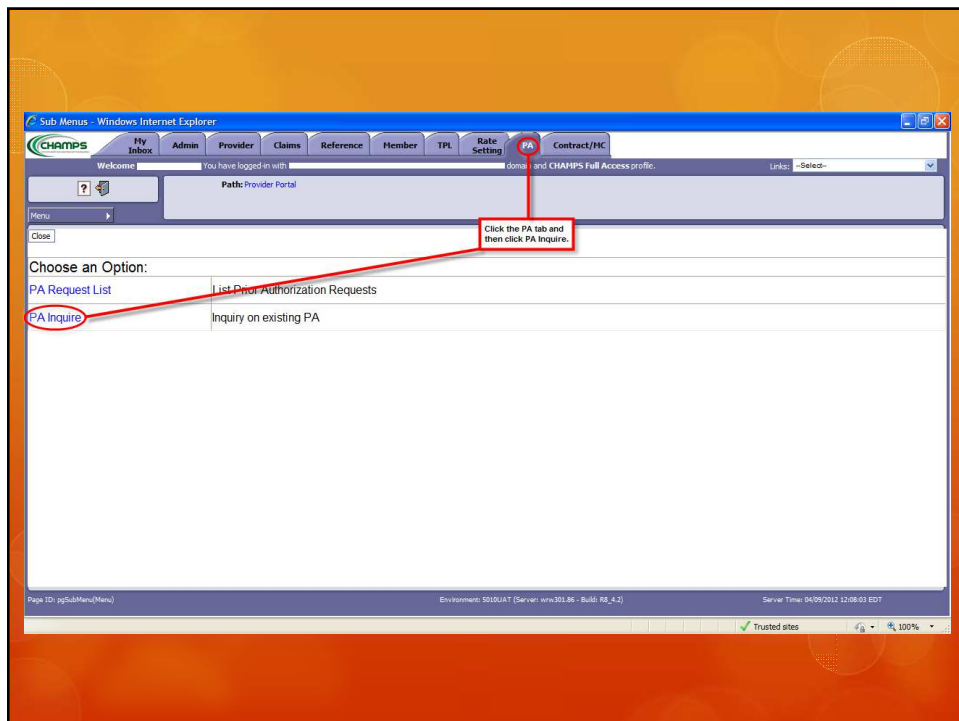
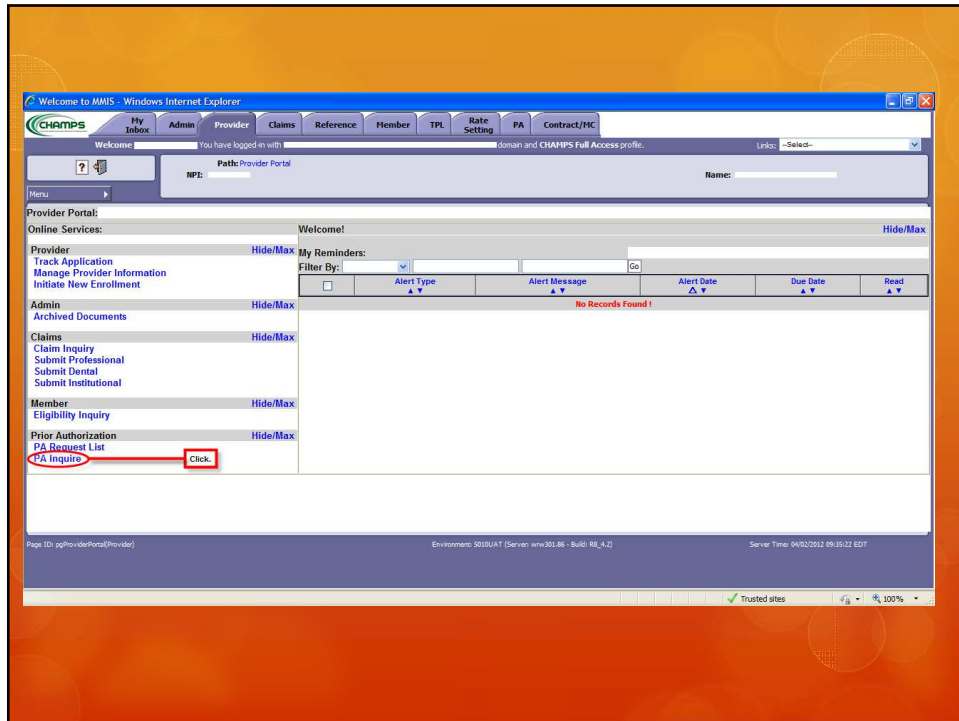
Viewing Page 1 of 1 [PPPP-0000] SaveToURLS

Page ID: jgTPRPrivd(TR) Environment: 5010UAT (Server: www301.86 - Build: R8_4.2) Server Time: 04/06/2012 09:16:54 EDT

Done Trusted sites 100%

Prior Authorization

PA Inquire



Welcome to MMIS - Windows Internet Explorer

CHAMPS

My Inbox Admin Provider Claims Reference Member TPL Rate Setting PA Contract/MC

Welcome You have logged in with [domain and CHAMPS Full Access profile.] Links: --Select--

Path: Provider Portal/ PA Inquire

Menu

Close Submit

Enter PA number and click Submit.

PA Inquire:

Tracking No.: []

Done Trusted sites 100%

Welcome to MMIS - Windows Internet Explorer

CHAMPS

My Inbox Admin Provider Claims Reference Member TPL Rate Setting PA Contract/MC

Welcome You have logged in with [domain and CHAMPS Full Access profile.] Links: --Select--

Path: Provider Portal/ PA Inquire/ PA Utilization

Menu

Close

PA Utilization:

Tracking No.:
Beneficiary ID:
Service: Dental Care
Request Date: 3/20/2012
Service Start Date: 12/1/2010
Requestor NPI:
Requestor ID:

Authorization Status: Requested
Beneficiary Name: PA - MDGH
Organization: PA - MDGH
Last Updated Date: 3/20/2012
Service End Date: 12/31/2010
Requestor Name:
Source of Request: ODE

Line #	Servicing Prov NPI	Servicing Prov ID	Code	Mod1	ToothNum	ToothSurf	Area of Oral Cavity	Reqst Units	Reqst \$ Amount	Auth Units	Auth \$ Amount	From Date	To Date	Status
No Records Found!														

Page ID: PAInquire(PA) Environment: S010UAT (Server: wvs30136 - Build: R8_4.2) Server Time: 04/06/2012 10:06:36 EDT

Done Trusted sites 100%

Resources

Spend Down

<https://healthplanbenefits.mihealth.org>

- Web site developed and maintained by MPHI
- Displays the Spend Down amount in the eligibility response on their MI Health Plan Benefits page
- The information is yesterday's information because the eligibility file is sent nightly from CHAMPS

Eligibility

Eligibility Service: Medicaid

Beneficiary ID

Medicaid ID: []

Name

Last: [] First: []

Middle: []

Social Security Number

SSN: []

Date of Birth (MM/DD/YYYY)

DOB: []

Coverage Period * (MM/DD/YYYY)

Start Date: 09/01/2011 End Date: 09/30/2011

Submit Default

mihealthcard

Residence County: 63 OAKLAND

FIA Office: []

Case Number: []

Worker Load: []

Member/ Patient Name	Gender	Date of Birth	Coverage Period
	Male		09/01/2011 To 09/30/2011

Status	Benefit Plan	Comments	Dates
Co-Pay	SPENDOWN	Patient Pay: \$1400.00	09/01/2011 To 09/30/2011

Spend Down amount per DHS for current month only.

- www.michigan.gov/medicaid providers
- Provider Support
 - 1-800-292-2550
 - ProviderSupport@michigan.gov

A large rectangular area with a vertical orange-to-red gradient. It contains several faint, semi-transparent circles of varying sizes, some of which have a fine grid pattern inside them.

Questions???